_		BES	TAVA	JLABL	E C	CPY		•	-09	-9	021	74	
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000							DRD	Application or Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY			R THAN	
TOTAL CLAIMS			12			mn 2) TYPE			L	OA T		ENTITY	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC F		-	RATE	FEE	
TOTAL CHARGEABLE CLAIMS			12 minus 20=		•			X\$ 9=		7	BASIC FEI	710.00	
INDEPENDENT CLAIMS			3 minus 3 =		•					OR	X\$18=		
MULTIPLE DEPENDENT CLAIM PI						X40=				OR	X80=		
								+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1) CLAIMS		(Colum		(Column 3)		SMALI	LENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		PAID	NUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	lotal	.19	Minus	. 2	D	•		X\$ 9=		OR	X\$18=	755	
A L	ndependent		Minus	3		= 2		X40=		1	X80€	tie a	
-	FIRST PRESI	ENTATION OF M	ULTIPLE D	EPENDENT	CLAIM		 			OR	λοψ=	168	
							L	+135=		OR	+270=		
4-4-05 (Column 1) (Column 2) (Column 3)								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
	100	(Column 1)		(Colum		(Column 3)	_						
AENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
וַ פַּ	otal	. /7	Minus	••				X\$ 9=		OR	X\$18=	,	
5 L	ndependent	NTATION OF ML	Minus	•••	CL ASIA	•		X40=		OR	X80=		
			Jenn ee De	. CADEAL	CDGM			+135=			+270=		
							L	TOTAL		OR	TOTAL		
		_(Column 1)		/O.t			AD	DIT. FEE		OR A	DOIT. FEE		
		CLAIMS		(Colum HIGHE	ST	(Column 3)	_						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FI	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	otal	•	Minus	••				X\$ 9=			X\$18=	FEE	
N IN	dependent		Minus	•••			\vdash			OR			
F	RST PRESE	NTATION OF MU	LTIPLE DE	PENDENT (CLAIM			X40=		OR	X80=		
• II th	e entry in colum	nn 1 is less than th	entry in col	ımın 2, write "	O' in colu	mn 3.	Ŀ	135=		OR	+270=		
*** If th	ie Highest Nun ie Highest Nur	nber Previously Pa mber Previously Pa ber Previously Paid	id For IN THI id For IN TH	IS SPACE is I IS SPACE is I	ess than	20, enter "20."		DIT. FEE		OR _{Al}	TOTAL DOIT, FEE		